



# Crestview Area Youth Association

## 2018 Youth Football and Cheerleading Coaching Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Circle the highest year you completed in school:

Elementary 1, 2, 3, 4, 5, 6, 7, 8

High school 1, 2, 3, 4

College 1, 2, 3, 4, 5, 6, 7, 8

Work history (last 10 years)

List - Company - Position - Dates

**FOR ADMINISTRATIVE PURPOSES ONLY:**

Membership

Background Check

Coaching Certification

What team do you wish to coach?

Football Head Coach

Football Assistant Coach

Cheerleading Head Coach

Cheerleading Assistant Coach

5-6 Year Old

7-8 Year Old

9-10 Year Old

11-12 Year Old

Why do you want to coach this team? (Be Specific)

**Coaching Background**

Have you participated in this sport? Yes  No  Number of Years \_\_\_\_\_

What other sports have you played?

List Sports - Age Level - Years Played

Have you previous coaching experience?      Yes  No  Number of Years \_\_\_\_\_

What other sports have you coached?  
List - Sport - Organization - Age Level - Years Coached

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Have you had any formal training as a coach?    Yes  No  Please describe.  
(for example, PE degree, coaching courses, clinics, etc.).

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Describe any informal training that would help you coach (for example, clinics attended, reading books, watching sports, etc.).

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Have you ever been convicted of a felony or crime? If so, please explain.

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Do you have any medical conditions that may affect your ability to coach?  
Yes  No

Please rate your knowledge of the following topics with regard to your sport by circling the appropriate number.

- 1 = You know very little about it
- 2 = You have a reasonably good knowledge about it
- 3 = You know a great deal about it

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|--|--|
| 1 2 3 Skill and strategies of the sport  | 1 2 3 Developing sportsmanship                     |
| 1 2 3 Rules of the sport                 | 1 2 3 Communication skills                         |
| 1 2 3 Organizing practices               | 1 2 3 Warm-up and physical conditioning techniques |
| 1 2 3 Equipment needs and specifications | 1 2 3 Working with parents                         |
| 1 2 3 Injury prevention and treatment    | 1 2 3 Principles for teaching sport skills         |
| 1 2 3 Risk management                    | 1 2 3 Managing time                                |

Please list the name, address, and telephone number (if available) of two persons who can attest to your coaching potential.  
One should be your most recent supervisor  
List Coaching References - Name - Address - Telephone

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Will you have a child in the program this year?

Yes  No

**Sport:** Football  Cheer

Division: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Please explain why you want to coach with CAYA:

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Other experiences or skills which should be considered:

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***\*All coaches must be dues-paying members in good standing of CAYA to be considered.\****

Please fill out membership application if you have not already done so. Membership fees are non-refundable.

*By submitting this application to the Crestview Area Youth Association, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in dismissal, forfeiture of fees and possible legal action if warranted.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_